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POSITION	IN!!TIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	1.7	90 F	03-05-01
FORMALITY REVIEW RESPONSE FORMALITY REVIEW	KIB	1076	05/04/01

	2 /2 ml	INDEX OF CLAIMS		
Or	=	Allowed	NA	Interference Appeal

	Ctaim Date	Claim Date
Claim Date	Citation	
	Final Original	Original
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If more than 150 claims or 10 actions
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